

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Melbourne—Thursday, 13 August 2020

(via videoconference)

MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

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Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

WITNESS

Ms Teresa Jayet, Chief Executive Officer, Mallee Family Care.

The CHAIR: Welcome back, everyone. I am reopening the Standing Committee on Legal and Social Issues public hearing into the very important issue of homelessness in Victoria. Welcome back to all of the people who have been watching, and especially I would like to welcome Teresa Jayet from Mallee Family Care.

Teresa, my name is Fiona Patten. I am the chair of the committee. With me today I have Tania Maxwell, Wendy Lovell, Rod Barton and Kaushaliya Vaghela, joining us from the Legal and Social Issues Committee.

I just need to let you know that all evidence taken at this hearing is protected by parliamentary privilege, and that is provided by our *Constitution Act* as well as the standing orders of the Legislative Council. Therefore the information that you provide today is protected by law. However, if you were to repeat any of these comments outside, you may not have the same protection. Any deliberately false evidence or misleading of the committee could be considered a contempt of Parliament. This is being recorded, and we have a huge team behind us busily listening to everything and transcribing, so you will receive a transcript of today's hearing and that will ultimately be on the committee's website and will form part of the committee's final report.

We would really welcome you making some opening remarks before we open it up to the committee discussion. Thank you.

Ms JAYET: Sure. Thank you, Chair. Good afternoon, everyone. I thank you for the opportunity to appear today in front of you all to speak about this very vital issue. I wish to first acknowledge the First People and traditional owners of the lands we all meet upon, and I pay my respects to elders past, present and emerging.

My name is Teresa Jayet, and I am the CEO of Mallee Family Care. For those of you that do not know, Mallee Family Care is a multidisciplinary, not-for-profit community service organisation providing a range of services across more than 60 program areas, including mental health, disability, family preservation, out-of-home care, financial counselling, early intervention, a community legal service, education, training, research and of course homelessness support. This multidisciplinary service is our point of difference and allows for integrated, wraparound service provision for our clients that meets their needs in a holistic manner. The agency has provided services since 1979, supporting communities across north-west Victoria, south-west New South Wales and into the Riverland region of South Australia.

Our specialist homelessness service, which operates in the southern Mallee and comprises the local government areas of Swan Hill, Buloke and Gannawarra, provides flexible, specialist services that directly assist hundreds of individuals, couples and families each year that are at risk of or experiencing homelessness. We offer wraparound services aimed at early intervention and prevention and offer crisis and ongoing support for people to address the root causes of their homelessness and ultimately ensure they are able to break the cycle and achieve sustained tenancy to live independent, healthy and happy lives.

There are two clear messages I want to leave with you today. Firstly, and it seems simple, you cannot end homelessness without a home. We are encouraged to see the committee acknowledge in your interim report that housing, particularly public housing, and housing affordability is the primary policy theme for the inquiry to consider and that you acknowledge that the key to preventing and ending homelessness is an adequate supply of safe, affordable, long-term housing, with all other issues to be considered in the context of this priority. We strongly agree with this sentiment. Secondly, when considering the issue of homelessness and measures to address its persistence and prevalence, policymakers must acknowledge that there are nuances in this issue and its solutions depending on the geographical location. We must have place-based policies to account for these nuances in regional, rural and remote areas.

Our submission, received by the committee in June this year, provided data with respect to our experience in delivering our specialist homelessness services across the southern Mallee in the 2018–19 financial year. Since this time we have aggregated data from the 2019–20 financial year, which evidently includes the impact of the COVID pandemic, and have the following comments to make.

We have seen a modest decline in people presenting to our service of 25 per cent, which we attribute to the months of March to June 2020 and the implementation of restrictions and state and federal measures designed to assist people to weather the impacts of COVID. The largest cohort of people accessing our services remains youth between the ages of 18 and 25 years. This is sitting at a 26.3 percentage rate. We have seen an increase in females presenting to our service of 5 per cent, and the overall total there is 57 per cent. Nearly half the people who attended our service had experienced homelessness within the last 12 months, and that sat at 46 per cent. One in two people accessing our services had a prior mental health diagnosis—53.4 per cent, which was up from 43 per cent in the 2018–19 financial year—or were experiencing mental health issues at the time of presenting to our service, sitting at 49 per cent. Three in four people accessing our people were on a government income support, with 67 per cent of those on JobSeeker, 24 per cent on a parenting payment and 9 per cent on youth allowance. And alarmingly, 29.5 per cent of those were on a disability support pension. This is pivotal in understanding the causes and drivers of homelessness and proposing place-based solutions that will address and ultimately end homelessness.

With respect to my first message regarding housing, you will note from our submission that we have discussed this issue in some depth. But the key measure I wish to raise is the need to invest in the construction of social housing. The lack of housing supply seen in metropolitan centres is compounded by the geographical isolation of the areas we service. In Swan Hill alone there is a shortfall of 260 social housing properties and a 0.33 per cent vacancy rate for private rental. In effect this means that people on low incomes and/or reliant on social welfare are locked out of the private market, and with the shortfall of 260 social housing properties there are no long-term housing solutions and people are forced into a cycle of homelessness and unsafe sleeping arrangements. This is evident in the data, which shows that nearly half of the people who attended our service had experienced homelessness within the last 12 months, and I will repeat that figure of 46 per cent.

We have been heartened to see the Victorian government's acknowledgement of the issue in the context of COVID and their willingness to address it, but recent announcements have highlighted the city-centric paradigm that often overshadows meaningful change for us in a regional, rural, remote context. By way of example, the Victorian government recently announced the From Homelessness to a Home package—the package—which aims to headlease 1100 properties from the private rental market to provide permanent homes for rough sleepers once they leave the hotel accommodation currently provided to them by the government. The package also provides extra funding to the private rental assistance program, which assists people to set up their own private tenancy. Whilst this announcement theoretically sounds promising, there is little application on the ground in our service area, where, like in many regional, rural and remote settings, there is a very limited private rental market.

Government responses and measures to address the issues of homelessness must be placed based and viewed in a regional, rural and remote context. I wish to also note that whilst many people view homelessness as rough sleeping, and certainly there are some in this situation, it is a much broader set of circumstances and the majority of people who sought our service last financial year had had leased tenure and were couch surfing or living with a relative for free when they presented to our service for assistance.

In addition to permanent social housing stock, there is also a lack of crisis accommodation, which more often than not takes the form of a substandard hotel or motel room purchased at a high cost to taxpayers. Again, this issue is compounded in regional and rural areas, such as the Swan Hill local government area, that have a high itinerant population in times of harvest or peak tourism seasons that utilise the same form of accommodation that would otherwise be used for those in desperate need of accommodation. At times this has resulted in considerable difficulty placing many vulnerable people who have suffered great trauma in safe and secure housing. What is needed is an investment in social housing construction.

Further to my message regarding the need for place-based solutions and in light of our largest cohort of clients being youth and the need to focus on early intervention and prevention rather than on a crisis response, I wish to raise by way of example one model which has seen considerable results, that being the Geelong Project. I understand that the committee heard from the representatives of the Geelong Project last month, so I will not go into detail, but I will note they are seeing incredible results, including a 40 per cent reduction in adolescent homelessness and at the same time a 20 per cent reduction in early school leaving. I wish to simply raise and acknowledge what a place-based result is capable of achieving.

In closing I reiterate that Mallee Family Care believes that the key to ending homelessness is found in, firstly, investing in social housing construction and, secondly, investing in place-based models of early intervention and prevention which address the nuances of that particular setting. Again, I thank you for the opportunity to present to the inquiry.

The CHAIR: Thank you so much, Teresa, and thank you for your submission. And yes, you know, our interim report did show that really what most of the submissions we received said was ‘more housing’, and a Housing First model is something that I think is almost unanimous in the sector as being the best option. But as we know, prevention is actually probably one of the most cost-effective ways of keeping people housed, and we have seen that the success rates in preventing someone from becoming homeless are actually far greater than dealing with someone once they actually are homeless. You mentioned the Geelong Project, which yes, we were very, very impressed by that and I think quite rightly so. Geelong is a different place to the Mallee; the distances are very different, the size and shape of the community is very different. Could that model be replicated up in the Mallee? And what other models would you see that would meet that early intervention and prevention in regional areas such as yours?

Ms JAYET: Thank you, Chair. I think part of looking at what the solution could be also needs to be a consideration of how we are delivering homelessness services, and the reason we take an early intervention prevention approach with everything we do at Mallee Family Care is a philosophy that you cannot do this work in isolation of one issue. You actually have to look at the whole of the systems, and so when we look at a social issue of homelessness we know that there are other issues that compound it. We know that when we look at the out-of-home care system and supporting kids exiting home-placed services we factor in policy change and raising the age of kids leaving care from 18 to 21 to give them a better start. When we look at families who are experiencing family violence we do not look at family violence in isolation—we look at all of the other social issues.

So I come back to that point of it needs a holistic approach to whatever it is that we do. And while the Geelong Project is a great model, and it is working for those people in Geelong, it does not necessarily mean that you can pick up one model and place it in another region. And that is why we always look at, ‘What is the evidence behind what is making that work?’. Part of the evidence in what we do is looking at, ‘What are the social indicators in our community?’. And the social indicators tell us that family violence rates are high. The social indicators tell us that there are a lot of people experiencing financial difficulties, and I guess coming through this pandemic that is going to be even more problematic. We see that data in our financial counselling services.

What it highlights is that you can look at a model like the Geelong Project, you can look at a model that is from overseas, but you need to look at it with rigour to see its applicability in your own community and adapt it to what the actual social indicators are in your own community. And so for us, I think there are elements of the Geelong model which could be adaptable. Yes, we are certainly very different up here in the north compared to Geelong, but there are elements of great work that they have conducted with youth. And if we are looking at the youth cohort, I would see some applicability there for certain.

The CHAIR: Yes, which is embedding into schools up in your region.

Ms JAYET: That is right. And as I was going back to that issue before, Chair, about looking at the whole of the systems, you cannot just look at the social community services system without looking at education, without looking at health—it is all part of the same system if we are looking to truly resolve these issues.

The CHAIR: And I think, looking at your recommendations, that is very evident in the broadness of your recommendations of what is needed to holistically approach this issue. Tanya?

Ms MAXWELL: Thank you, Chair, and thank you, Teresa. Look, I will be very brief on this. You and I obviously read out of the same handbook—early intervention, primary prevention, is something that I am so enthusiastic about. I think it reduces the risk of homelessness, particularly for our young people as you have said. Those place-based interventions, we have to have interventions that support those place-based issues, and the evidence-informed practice is also something. So, look, thank you so much for your very informative submission and for everything that you have talked about today. I applaud you for the work that you do and that you will continue to do to support particularly young people, so I just wanted to say thank you, Teresa.

Ms JAYET: Thanks for that acknowledgment, Tania. Thank you.

The CHAIR: Thanks, Tania. Kaushaliya.

Ms VAGHELA: Thanks, Chair. Thanks, Teresa, for your time today and your submission. I really like your submission because it has got a lot of data, which we do not often see in submissions. That is one thing which is really striking in this submission.

In terms of what the Chair mentioned, yes, we need more housing and that. One thing which is different in your submission which I have not read or heard about is the cashless debit card. I tried to read that in the submission, and I just want to understand in layman's terms: what does that involve?

Ms JAYET: A fantastic question, and thank you for asking it. The cashless debit card is a federal government initiative which is income management. Essentially that is what it is about.

Ms VAGHELA: Yes, I know that part, but it is just that. Why should we be against that? That is the perspective I am trying to understand.

Ms JAYET: Sure. I guess it is about providing power and control to people. The minute we take away choice from people about what they are eligible to spend their money on, we take away their power and control. Some of the evidence of what we have seen that leads to homelessness, especially in the area of family violence, is that when people are income managed they do not have access to cash to keep themselves safe, to escape their family violence situation. Okay? Cash is key when you are in a crisis situation such as that, and cash is also key when you are looking to support yourself, and usually your children, in crisis accommodation or escape to a hotel to keep safe for a fixed period of time so that you can engage in supports. So that is why it does act as a deficit model rather than a support model in this area.

Ms VAGHELA: Thanks. The other question that I have is: there is a little bit of a mention about the current COVID-19 pandemic in the reference. What I would like to know from you is what sort of impact it had on people suffering homelessness or other wider stakeholders that you deal with. And once the residential tenancy moratorium ends, how do you see that impacting people suffering homelessness?

Ms JAYET: Absolutely. Our focus since very early in March was to make sure we never lost line of sight of those people that we were already working with. What we did not realise would happen was people presenting to our services that ordinarily do not use the social services sector system. That is one of the critical things that we have seen during this pandemic period. As I mentioned, the government supports that have been provided to keep people safe during the pandemic by housing them in hotels or motels—that is great for a fixed period of time, but then what? So we have been providing other social supports and, as I mentioned, we are very big in the belief in a holistic support service system. So during that time we are making sure that we are doing mental health reviews for clients. We are looking at supports so that we can re-engage individuals with families and connect them back with friends. We are ensuring that their financial stability is okay and that they have got the right access to income supports, because sometimes that is very difficult to do when a person is not housed. The concern is what happens when these people do leave the interim accommodation that they are in. Where do they then go? It is all great that we put in place these service systems for people, but what happens at the end? And it is this unknown quantity, this unknown factor, for the people that we are working with that is really stressing them and raising their anxieties, which we know does not help people's mental health.

So we are working with other organisations because, as I mentioned, you cannot do this work in isolation. But the issue comes back to housing stock for us in the Swan Hill local government area, where the private rental market is incredibly low and public housing has a waitlist that is quite horrendous. It puts them back into a position we do not want to see them in, because how are they going to sustain themselves financially even if they did find a property, because we know that the commonwealth grants will reduce after that period as well? I feel like we are going to come full circle. It is front and centre of our minds what happens to these clients, and that is why we keep pushing the issue of social housing construction.

Ms VAGHELA: Just a quick one: last financial year 310 people were provided services at the centre where you are. How many people were turned away?

Ms JAYET: Great question. To my knowledge, we had a duplicate system running, so every one of those clients received a service that attended. What I mean by that is 300-plus people presented for a direct housing support service. What is not told, or the story that is not shown in that data, are the other elements of the service

system. For example, through financial counselling, through our community legal service or through our mental health program we also saw people who were experiencing homelessness that were not part of that 300-plus cohort. So the figure is actually greater, and we provided a holistic case management support system. None of those clients was turned away, or we engaged them in another support system that was available in our community.

The CHAIR: Thank you. Rod?

Mr BARTON: Thank you, Chair. I have not got a question at the moment. Maybe somebody else would like to take mine.

The CHAIR: Fantastic. Wendy.

Ms LOVELL: Thanks, Teresa, for a terrific presentation. Mallee Family Care is a wonderful organisation, one that I have had a lot of association with, particularly through my very good friend Vernon Knight, who I still use as a sounding board for many, many things in the Mallee.

You talked about that holistic need for support for families. If I can put on my former early childhood minister's hat here, we know that the three things that affect a child's outcome most in life are to have working parents, their mother's mental health and also stable housing. It makes sense that we do have a collaborative approach to enable people to sustain housing as well and to solve the reasons why they do end up in the homeless system.

We have just talked with the city of Mildura and also MASP and Loddon Mallee Housing—sorry, Haven; Home, Safe as they call themselves these days—about the service provision in the area, and they talked a lot about collaboration. This is one thing that has come through throughout the whole inquiry. What I am going to ask you is about the way that the service provision is run now, where people are funded for throughput—the number of people they put through rather than the outcomes that they get for those people—and also the way that we fund so many different people to do all these different things and unless there is a local response, like you have in Mildura with this collaboration, people do not get that holistic support. Would you be in favour of changing the funding model to funding for outcomes? And also that would probably have to involve recommissioning to then also fund for collaboration.

Ms JAYET: Well, firstly, Wendy, thank you for the very kind words about Mallee Family Care. I love that word 'recommissioning', but I will get to that point in a moment. When we look at the service system I think in rural/regional areas we are all part of the same network and you become very connected in the work that you are doing. You are not just another organisation like you are in a metropolitan region, and you are all here for the same reason: to make sure you achieve the best outcome. But we know we are not measuring that well. We know that that could be done better. And outputs do not really tell a story. It does not tell the whole story and when you are looking at outputs you are not measuring them against the rest of the social service system that I mentioned before, like financial counselling or family violence or any other issue that is presenting itself for a person who is homeless.

So we have no qualms about working in a collaborative manner to join together to ensure homelessness is improved for many people in our community. It is how we go about doing that, because that can be the key that either damages it or strengthens it. And I have to declare that, you know, I have been around a little while, so I have seen things when they are done really well and when they are not done so well. And so when you talk about recommissioning, it is a place that I err with caution. And I say that for this exact reason: when you look at a part of recommissioning which is often competitive tendering, it does not work in the sector of social and community services. Because what you are aiming to do is bring the sector together, strengthen the sector, work in partnership and collaborate with each other to improve outcomes for the cohort of people that you serve in your community. When you throw things up in a competitive tender environment, it actually has the opposite effect of what your actual aim is. So when we are looking at recommissioning, it is actually looking at what it is that we want to achieve as part of the outcomes and then working together backwards from that to make sure we all land on the same page.

Ms LOVELL: Thank you.

The CHAIR: Thank you, Wendy. Enver.

Mr ERDOGAN: Hi, Teresa. Thank you for your presentation and submission. I thoroughly enjoyed reading it. Similarly to my colleague Kaushaliya Vaghela, I love the statistics, the breakdown of your clients. I found it very informative and I like the way the recommendations were set out quite clearly. A couple of the questions that I had were already asked; it was just about the cashless card, because it is an issue that does come up, and I think you kind of answered that angle.

Suffice to say I did have one additional supplementary question on that issue. Would you believe that there is still a use for it—because obviously the federal government seems to be quite onto it and some people like Twiggy Forrest seem to be promoting it—in regard to certain segments? I guess people with substance abuse issues et cetera—or do you still believe you would be removing those people’s autonomy and I guess empowerment? So what is your view? Do you think there is a need for it in certain segments or no, you just do not like the idea?

Ms JAYET: Well, I have to put my social work hat on here, Enver, and say I am completely opposed to the welfare card. I think pragmatically it is actually quite a punitive approach to address a social issue. And for those of us that work tirelessly in this sector, we do not believe that instigating a punitive measure addresses the social issues. And so if you are not looking at the core consequence of the issues that are presenting in community, the issues are always going to be there, no matter how punitive the approach you take by addressing it with a welfare card is. So my answer is no. I would not like it rolled out to my community and I am very opposed to it.

Mr ERDOGAN: Thank you for your frank response. That is all I had, Teresa. Thank you, Chair.

The CHAIR: Thank you, Enver. If members want to just give me a—thank you, Kaushaliya. Would anyone else like another question? Everyone is good?

I will just take the opportunity. I think what we have heard today is a really remarkable collaboration. And maybe it is not remarkable; maybe necessity creates these services and the collaboration that you are doing. One of the previous witnesses that we heard from commented on the approach to family violence around the Orange Door approach. Is that something that you see could work in our homelessness sector? And I think it is really recognising the factors that lead to homelessness and that sometimes it is a symptom of so many other issues.

Ms JAYET: Good question, Chair. Probably my only consideration around the concept, so not talking about the Orange Door itself, is I would go back to the recent VAGO report where it does highlight some deficits as a model, and it also highlights some issues where it becomes centric on one particular issue. I think there are other elements that do get missed, so I am not sure whether it does execute in the right way the holistic service system, because I think perhaps there is an element of it that is only looking at one part of the service system.

The CHAIR: Just in reflecting off the top of my head, we heard from a number of people from the mental health sector yesterday but we also heard from the Magistrates Court, and they all talked about the need for them to have some homelessness expertise within their organisations. So it almost seems that we need to spread—I do not know whether it is expertise but that ability to navigate the homelessness sector. Maybe we need to simplify it in the homelessness sector so it does not require such great navigation. But that needs to be almost embedded in every service. I am not sure how we achieve that, but it does seem that it is something that seems to be happening a little bit more in regional areas.

Ms JAYET: Yes, I would agree.

The CHAIR: Great. Kaushaliya.

Ms VAGHELA: Teresa, I would like to go back to the breakdown analysis that you have given where the top six primary reasons for men and women were identified who were seeking the assistance last year. One of them is quite striking, and that one is that the inadequate or inappropriate dwelling conditions for women was 25 per cent while that one for men was 11.3 per cent, so for women it is more than double. Why was that the case?

Ms JAYET: That comes down to family violence in most cases. Domestic and family violence was number six of our six primary reasons identified—

Ms VAGHELA: Yes, that is what I saw. I initially thought maybe that was the case, but the breakdown for family violence shows a smaller percentage for women, so I am trying to find out: what is it that is driving this very high percentage for women, then?

Ms JAYET: Yes. It is a great question and one we are still continued unpack, to be perfectly honest with you. We have data that centralises the data for homelessness services, but what we are trying to do now is compare that data across our other data client management systems to see what the consistency or the anomalies are in this space. What we are finding is that while the state has enacted some great new legislation to protect women and children in the family violence space, unfortunately what is happening is it is not always carried out in the same way to protect women. We know that women should usually remain in the home with their children to protect them and not become more vulnerable and become homeless. But we know that in some instances that does happen, and they are often the cohort that can sometimes be harder to provide tenancy to because the stock is not there. It talks to unfortunately the problem of family violence as well in seeking them refuge accommodation. So it is multiples of factors, but it is a problematic cohort that we are trying to address to look at what the whole system is telling us and not just the family violence issue.

Ms VAGHELA: Thank you.

The CHAIR: Teresa, thank you so much, and I know I speak on behalf of the committee in saying that that really was terrific and really was very detailed and incredibly well articulated the situation that you find your organisation in. As I mentioned, Hansard is working in the background of this, and you will receive a transcript of this session. Please have a look at it. Make sure that we did not misrepresent you. Congratulations on the great work that you are doing. Thank you for the very articulate session but also the very detailed and specific submission that you provided for us.

That, sadly, ends our tour of the Mallee today. Thank you to the committee. Thank you to anyone who has been watching this. Thank you to everyone who has got a real interest and passion in solving homelessness in Victoria. That ends our public hearing. Thank you, everyone.

Ms JAYET: Thank you, Chair.

Committee adjourned.